TD Ameritrade

TD Ameritrade 529 College Savings Plan

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing TD Ameritrade 529 College Savings Plan (TD Ameritrade Plan) Account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **www.tdameritrade.com.** *(If you have not established an Account, you must also complete and enclose an **Enrollment Form.**)*
- After we process this form, you will receive a **Payroll Direct Deposit Confirmation Form,** which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

You can call us to order any form — or request assistance in completing this form — at **1.800.431.3500** any business day from 8 a.m. to 8 p.m. Central time.

1.800.431.3500
8 a.m. to 8 p.m. Central time M-F

tdameritrade@NEST529.com

Mailing address:
TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

1. Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

Name of Account Owner *(first, middle initial, last)*

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number *(In case we have a question about your Account.)*

2. Employer information

Name of Employer

Address

City | State | Zip Code

Payroll Department Contact Name | Telephone Number | Extension *(if any)*

TDA INST PAYROLL

3. Payroll Direct Deposit instructions

Check one: ☐ Start Payroll Direct Deposits ☐ Change Amount ☐ Stop Payroll Direct Deposits *(Skip to **Section 4**)*

Deduct $ _,___.0 0 from my paycheck each pay period and allocate the amount among my TD Ameritrade Plan Accounts as detailed below.

Please use an additional sheet if you have more than four Accounts.

Account Number _________ – __ Dollar Amount $ _,___.0 0

Name of Beneficiary *(first, middle initial, last)*

Account Number _________ – __ Dollar Amount $ _,___.0 0

Name of Beneficiary *(first, middle initial, last)*

Account Number _________ – __ Dollar Amount $ _,___.0 0

Name of Beneficiary *(first, middle initial, last)*

Account Number _________ – __ Dollar Amount $ _,___.0 0

Name of Beneficiary *(first, middle initial, last)*

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the TD Ameritrade Plan Program Disclosure Statement and Participation Agreement and understand the rules and regulations governing the TD Ameritrade Plan. Further, I understand that neither the TD Ameritrade Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, First National Bank of Omaha or their agents or affiliates or TD Ameritrade are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Primary Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.

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Trustee

First National Bank Omaha

Program Manager